

CHRISTOPHER CHIOU
Acting United States Attorney
Nevada Bar No. 14853
BIANCA R. PUCCI
Assistant United States Attorney
District of Nevada
501 Las Vegas Blvd. South, Suite 1100
Las Vegas, Nevada 89101
(702) 388-6336
Bianca.Pucci@usdoj.gov

Representing the United States of America

**UNITED STATES DISTRICT COURT
DISTRICT OF NEVADA**

UNITED STATES OF AMERICA,

Plaintiff,

vs.

KUN YOO,

Defendant.

2:21-cr-00057-RFB-NJK

**Government's Unopposed Motion to
Dismiss Criminal Indictment Pursuant to
Federal Rule of Criminal Procedure 48(a)**

The United States of America, by and through the undersigned attorney, respectfully seeks leave of court pursuant to Federal Rule of Criminal Procedure 48(a) to dismiss the above-captioned case against defendant Kun Yoo.

The U.S. Marshals have provided the government with a death certificate for the Defendant. A redacted copy is attached as Exhibit 1 to this Motion and was provided to defense counsel. Based on this information, the government believes it cannot continue the instant prosecution. The government conferred with defense counsel on June 8, 2021, and defense counsel does not oppose the instant motion.

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1 Accordingly, the United States respectfully requests that the instant case (2:21-cr-00057-
2 RFB-NJK) against Defendant Kun Yoo be dismissed and the case against the same be closed.

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4 DATED: June 8, 2021.

5 Respectfully submitted,

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7 CHRISTOPHER CHIOU
8 Acting United States Attorney

9 /s/ Bianca R. Pucci
10 BIANCA R. PUCCI
11 Assistant United States Attorney

12 IT IS SO ORDERED.

13 Dated: June 9th, 2021

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16 RICHARD F. BOULWARE, II
17 UNITED STATES DISTRICT JUDGE
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Government Exhibit List

- Exhibit 1 - Death Certificate

EXHIBIT 1 – DEATH CERTIFICATE

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4213624

CERTIFICATE OF DEATH

2021011948
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Kun YOO		2. DATE OF DEATH (Mo/Day/Year) May 14, 2021		3a. COUNTY OF DEATH Nye	
	3b. CITY, TOWN, OR LOCATION OF DEATH Pahrump		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) Desert View Regional Medical Center		3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient (Specify) Inpatient	
DECEDENT	5. RACE (Specify) Korean		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 36	
	9a. STATE OF BIRTH (If not US/CA, name country) South Korea		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas	
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) Seung Jo YOO		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Rebecca YOO			
	18a. INFORMANT - NAME (Type or Print) Haruko TAKAHASHI		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) Las Vegas, Nevada 89183			
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Palm Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89101	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) MICHAEL TOTH		20b. FUNERAL DIRECTOR LICENSE NUMBER FD858		20c. NAME AND ADDRESS OF FACILITY Palm Mortuary-Southwest 7979 W Warm Springs Rd Las Vegas NV 89113	
TRADE CALL	TRADE CALL - NAME AND ADDRESS					
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) [REDACTED]					
CERTIFIER	21b. DATE SIGNED (Mo/Day/Yr) [REDACTED]		21c. HOUR OF DEATH [REDACTED]			
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) [REDACTED]		22a. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JAMES A BRAINARD			
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) James A Brainard 1520 Basin Rd, Ste 102 Pahrump, NV 89048		23b. LICENSE NUMBER [REDACTED]			
	24a. REGISTRAR (Signature) BLAISE SATARIANO		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 21, 2021		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
	PART I (a) Hanging DUE TO, OR AS A CONSEQUENCE OF: (b) [REDACTED] DUE TO, OR AS A CONSEQUENCE OF: (c) [REDACTED] DUE TO, OR AS A CONSEQUENCE OF: (d) [REDACTED]					
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.					
	26a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) Suicide		26b. DATE OF INJURY (Mo/Day/Yr) May 14, 2021		26c. HOUR OF INJURY 1737	
28e. INJURY AT WORK (Specify Yes or No) No	28f. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify) Prison		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 2100 E Mesquite Ave (South Nevada Detention Center) Pahrump Nevada			

000871890



CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 5/26/2021

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

STATE REGISTRAR
